Visions Training Series State of Hawai'i Developmental Disabilities Division

Staying Healthy and Safe COURSE WORKBOOK

STAYING

HEALTHY & SAFE



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Course Overview

In this course, you will learn how to support a participant to stay both healthy and safe. The Visions courses so far emphasized choice and surrounding an individual with what is important to them. The Staying Healthy and Safe course focuses on ensuring that what is important for the participant is addressed.

In order to stay healthy and safe, we must first understand what good health looks like and how to stay healthy. This also includes avoiding preventable deaths by recognizing the causes and risk factors. You will also learn what to do when faced with an emergency.

The overarching goals for this course are as follows:

- 1. Supporting a participant to stay healthy and safe by:
 - a. Recognizing factors that could potentially cause illness or injury, and
 - b. **Preventing** illness and injury.
- 2. Avoiding preventable deaths by:
 - a. Knowing the causes,
 - b. Knowing the **risk factors**, and
 - c. Knowing what to do in an **emergency**.

Due to the length of this course, the lessons are split up into four modules: (1) What is Good Health, (2) Supporting Good Health, (3) Fatal Five, and (4) Documentation and Record Keeping.

Course Objectives:

Module 1: What is Good Health?

At the end of the module, you will:

Lesson 1: Health Indicators

Identify and describe the health indicators that are used to monitor health status.

Identify if a participant is experiencing changes in a health indicator.

Lesson 2: Vitals

Describe the vital signs: body temperature, pulse, respiration, and blood pressure.

Identify the factors that can impact the four vital signs.

Identify the normal ranges of each vital sign.

Describe pulse.

Lesson 3: Baselines

- ☐ Identify a participant's baseline using daily observations and documentation.
- Recognize changes to a participant's health status based on their baseline.

☐ Identify the factors that can impact a person's pulse rate.

☐ Identify the normal ranges of pulse rate.

Module 2: Supporting Good Health

At the end of the module, you will:

Lessor	n 4: Monitoring for Good Health
	Describe the requirements of the Physician's Evaluation Form.
	Understand your responsibilities regarding documentation for examinations,
	evaluations, progress notes, and other applicable health care documents.
	Define "baseline."
۵	Identify the actions required when there are significant changes in a participant's baseline.
	Recognize the signs of a heart attack and stroke and when to call 911.
Lessor	n 5: Supporting Good Personal Hygiene
	Identify the difference between a routine and a ritual.
	Identify the difference between Important To and Important For.
	Define the three types of infection (viral, bacterial, and fungal).
	Describe reinfection, cross infection, universal precautions, disinfection, and
	sterilization.
	Describe the links involved in breaking the chain of infection.
	Describe recommendations for preventing infection.
	Describe the steps of proper hand washing.
Lessor	n 6: Personal Care and Safety
	Identify the strengths and abilities that should be considered when providing
	personal care.
	Describe the guidelines and tips for safe lifting and transferring.
	Describe and give details for the three common transfer techniques.
	Describe the five troublesome areas for wheelchairs and the recommendations for
	safe transport of the participant for each: (1) up curbs, (2) down curbs, (3) stairs and
	steps, (4) slopes, ramps and hills and (5) uneven ground.

lacktriangledown Identify the recommendations for specialized equipment.

Module 3: Fatal Five (Preventable Causes of Death)

At the end of the module, you will:

Lesson 7: Fatal Five

Identify what aspiration is and the possible signs of aspiration.	
Identify what dysphagia is and the possible signs of dysphagia.	
Identify the risk factors of aspiration and dysphagia.	
Identify "what to do" and when to call 911 if a person is actively aspirating.	
Use the Aspiration Screening Tool.	
Identify what dehydration is.	
Identify the symptoms of dehydration.	
Identify "what to do" if a participant is dehydrated.	
Identify the risk factors of dehydration and how to prevent dehydration.	
Identify what a bowel obstruction is.	
Identify the symptoms and risk factors of bowel obstruction.	
Identify "what to do" if a participant has a bowel obstruction and when to call 911.	
Identify what a bowel obstruction is.	
Identify the symptoms and risk factors of bowel obstruction.	
Identify "what to do" if a participant has a bowel obstruction and when to call 911.	
Identify the condition of gastroesophageal reflux disease (GERD).	
Identify the signs and symptoms of GERD.	
Identify the risk factors and prevention recommendations of GERD.	
Identify "what to do" if a participant has signs and symptoms of GERD.	

Module 4: Documentation and Record Keeping

At the end of the module, you will:
Lesson 8: Required Documentation
Identify the information that caregivers are responsible for updating and maintaining.
Identify what should be included in a DAP (Data, Assessment, Plannote).
Lesson 9: Nurse delegation: What is it?
Identify the components of a nurse delegation plan.

Module 1: What is Good Health?

Lesson 1: Health Indicators

The purpose of doing observations of is to monitor if a
person is in good health and to detect any of
Health indicators are a guide to determine changes in a participant's health status. Consult with a healthcare provider to identify if there are specific observations to be aware of that are relevant to the participant's situation.
If a participant experiences changes in any of the following, use the additional questions to gather more information.
Eight Health Indicators
#1 Mental state and behavior
A person's includes a person's level of alertness, orientation, and state of confusion includes how a person conducts themselves and relates to others.
Here are the things to look for with mental state and behavior:
1. Is the person to people and to the environment?
2. Is there a change in the person's state of?
3. Is the person aware of they are, they are, and is happening?
4. Is the person?
5. Does the person appear restless depressed, afraid, or nervous?

#2 Sk	in	
	is the tissue that covers a person's body. The three areas to look for with	
the ski	n include the,; and:	
1.	Condition: Look at the integrity of the skin and ask the following questions:	
	• Is the skin?	
	Are there of the skin?	
	• Are there?	
	• Are there areas of?	
	• Is the skin?	
	Color: What is the tone and complexion of the skin? Is there a difference in the person's skin color using the following examples?	
	•: Very little color; may be white.	
	 Eluish or grayish because not enough oxygen is reaching the skin and tissues. 	
	•: Yellow, usually because the liver is not working well.	
	•: Red or pink, often when body temperature is high.	
3.	: Does the skin feel hot to touch? Is there a fever? Is the skin cool to the touch?	
#3 Ey	res	
	: Organs that enable a person to see. Do the eyes have the following	
charac	teristics?	
1.	: Are the pupils or constricted? Are there any or sores noted?	
2.	: Are the eyes shiny and do they look alert?	
3	: Are the whites of the eyes vellow (i.e. iaundiced) or bloodshot?	

#4 S	leep		
	: The mind and body at rest.		
1.	Did the person sleep well all night, or did they wake up throughout the night?		
2.	Did the person awake or?		
3.	Did the person have difficulty falling asleep or asleep?		
#5 N	Meal pattern		
	: The foods eaten at regular times.		
1.	Is there a difference in the person's eating patterns?		
2.	Did the person eat well (i.e., the usual amount), fair, poorly or refuse to eat?		
3.	What was eaten? Were certain foods avoided?		
#6 E	sowel Movements		
	: The discharge of feces. Is there a difference in the		
follov	ving characteristics?		
1.	1: Large, moderate or small.		
2.	2: Is the texture of the stool hard like marbles, loose and watery, soft or thin like a pencil? Does it have undigested food in it?		
3.	: Can you describe it as clay, brown, grayish or tarry?		
#7 U	rine		
follov	The watery discharge from the bladder. Is there a difference in the ving characteristics?		
1.	: Is there a lot at a time or only a small amount? How often is this person going within a 24 hour period?		
2.	Light or dark, yellow, pink or bloody. If the urine is cloudy instead of clear, there may be a bladder or kidney infection.		
3.	: Is the smell very offensive or foul?		

#8 P	ain	
: Discomfort and might even include suffering if extreme. Is there evidence of pain? If so, try to find answers to the following questions:		
1.	How does a participant their pain on a scale from 0-10 (0 being "No Pain" and 10 being "Worst Pain")?	
2.	is the pain? Does it from one part of the body to another?	
3.	does it hurt? How long has it been hurting? Does it hurt all the time or does it come and go? Does it start suddenly? Does it hurt more when moving? What makes the pain go away? Does rest help?	
4.	What kind? Is the pain severe, slight, sharp, dull, throbbing, burning, or radiating?	
5.	Are there actions? Examples include guarding part of the body, squirming, change in behavior, etc.	

Lesson 2: Vitals

Topic 1: Temperature

	Normal body found in humans.	is the typical temperature range
--	---------------------------------	----------------------------------

A person's body temperature varies based on:

- 1.
- 2.
- 3.
- 4.

Temperature Ranges Based on Measurement

The temperature may vary depending on how the measurement is taken.

Oral: _____°F - ____°F
Average: _____°F

Rectal: °F+

Axillary: __°F - ____

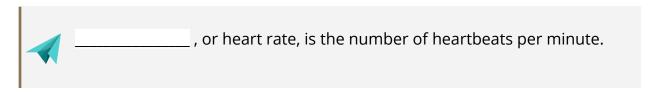
The temperature may vary based on the time of day the measurement is taken.

- A person's temperature is ______ in the evening between 4 PM 6 PM.
- A person's temperature is _____ in the morning between 2 AM 6 AM.

Other Factors that Impact Temperature

Factors that Decrease Temperature	Factors that Increase Temperature
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
	8.
	9.

Topic 2: Pulse



A person's pulse represents the beating of the heart. Pulse rate, which is often called "heart rate," is the number of times the heart beats each minute (BPM). Your pulse rate changes from minute to minute.

Normal Pulse Ranges

Normal ranges of pulse in beats per minute (BPM):

Infants:
Children:
Adolescents:
Adults:

Regularly Check Pulse

Pulse should be regularly checked to see how well the heart is working.

When checking the pulse, note the:

- _____: Number of beats per minute.
- _____: Time in between beats.
- _____: Force of the pulse.

Factors that Lower or Raise Pulse

Factors that Decrease Pulse	Factors that Increase Pulse
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
	8.

Topic 3: Respiration

, or breathing, is the process of moving air in and out of the lungs.					
Respirations, like pulse, go up and down quickly as the body's condition changes. When more is needed, respirations get faster and deeper. The normal adult respiration rate is respirations per minute, where one respiration is breathing in and breathing out once.					
Normal Respiration Ranges					
Infants:					
Children:					
Adults:					
Regularly Check Respiration					
Note the following when checking respiration.					
Respirations per minute					
•: Bluish or grey skin coloration due to lack of oxygen					
• it takes to breathe					
• that breathing causes					
Position of the participant's body while breathing					

• Sounds that accompany breathing

Factors that Lower or Raise Respiration

Factors that Decrease Respiration	Factors that Increase Respiration
1.	1.
2.	2.
3.	3.
	4.
	5.
	6.

Counting Respirations
Since respirations can be, be aware that the participant might alter
respirations or
It is best to not inform the participant that you are checking their respiration rate. You can count respirations after taking the participant's pulse.
Steps to count respirations:
Look at the person's rise and fall.
A rise and fall of the chest is counted as one breath.
 Count the number of respirations for seconds, and then multiply the count by two to get the number of respirations per minute.
 To check the result, count the respirations for another 30 seconds. If the respirations are irregular, count the respirations for a full minute.
 After counting the respirations, listen to them for a few moments and watch

the person's face.

Topic 4: Blood Pressure

is the force of blood against the walls of blood vessels (arteries).					
Blood pressure (BP) i	s recorded as two number	s:			
1. Upper number	r: pressure	(as the	heart)		
Lower number between contr	: pressure actions)	(as the	heart		
Category	Systolic mm Hg		Diastolic mm Hg		
Normal	Less than	and	Less than		
Elevated	=	and	Less than		
High BP () Stage One		or			
High BP () Stage Two	or higher	or	or higher		

A hypertensive crisis is when systolic is higher than 180 and or the diastolic is higher than 120. A doctor should be consulted immediately.

Factors that Decrease or Increase Blood Pressure

Factors that Decrease Blood Pressure	Factors that Increase Blood Pressure
1.	1.
2.	2.
3.	3.
J.	5.
4.	4.
5.	5.
6	G.
6.	6.
	7.

Blood Pressure: Hi	igh and Low	
High Blood Pressure		
, ,	s referred to as 0/90), the heart has to work hard and t essel will be damaged.	. When blood pressure his increases the
High blood pressure o	can damage the:	
•	– Leading to Stroke	
•	– Leading to kidney failure	
•	– Leading to heart attack	
•	– Leading to blindness	

Low Blood Pressure

When blood pressure is very low, the brain and other body tissues may not get enough blood and oxygen. If a participant experiences nausea, lightheadedness, or dizziness, consult with a healthcare provider.

Lesson 3: Baselines

Identify the Participant's Baseline

It is important to beco participant.	ome familiar with the baseline _	for a
The a person.	refers to the daily observations	that are typical and usual for
have the same diagno	participant isosis, do not assume that their basmiliar with the participant in or	selines will be the same. Take
•	r with the participant's baseline, participant's health status occur	

Module 2: Supporting Good Health

Lesson 4: Monitoring for Good Health

Topic 1: Routine Medical Care

Regular Physical Exams All persons should have regular physical and health performed by a healthcare provider to monitor their health status. Physical examinations include an evaluation of all systems; signs; height, weight, and other conditions as indicated. Additional health screening may also be ordered on a routine basis, depending on the person's age, medical history and health. The records you are asked to keep on health issues include: menstrual cycles, immunizations, and medications, and some information about certain conditions like seizures. These records help keep healthcare providers up-to-date on a participant's health status. You may be asked to provide this information and other written records to the healthcare provider as additional supplementation to the participant's electronic Annual Physical Exam Requirement Physician's Evaluation Form - Annually for Adult Foster Homes The _____ (PE) Form shall be completed by the participant's licensed healthcare provider during the annual physical examination visit. The form includes the participant's health status, communication, and behavior, and additional information related to the person's health. The caregiver will keep the PE form in the participant's chart and give a copy to the participant's case manager. Record of Medical/Dental Visits - for Adult Foster Homes The Record of / Visits form tracks the participant's medical and dental visits. The Record of Medical/Dental Visits should be updated to reflect all of the medical and dental appointments and recommendations made at the visit.

Topic 2: Observe for Changes		
Changes to your da	ily observations could b	oe a sign that there is
a change in a participant's health. If you	detect any	changes in
the participant's health status, it is impo	ortant to	and
with a healthcare p	rovider.	
Example #1		
A participant's baseline is to communice participant speaks fast but with clear w participant is speaking slower and the sobservation to be aware of.	ords. If one day you not	tice that the
Example #2		
A participant's baseline is to use gesture typically uses full range of motion in bo notice that the participant has decrease in one of the hands, this is an importan	th hands to make gestued strength and decreas	ires. If one day you sed range of motion
Be Aware		
Be especially aware of changes that are	an	d occur

______. Sudden and severe changes are important and

attention.

signs that mean the person may need immediate medical

Topic 3: Emergencies

When to Call 911

These observations may be signs that a person is having a heart attack, cardiac arrest, or stroke, and requires immediate medical attention.

If you observe any of the following signs, call 911:

•	• If there is of bre	ath or the person	_ breathing
•	If the participant turns (cyar	notic)	
•	If the participant is not		
•	If the person's sudden	enly is blurred or the per	son suddenly
	cannot see		
•	If there is pain more	than a couple minutes,	even if it goes
	away and comes back		
•	If there is sudden or	, especia	ally if it is on one
	side of the body		
•	• If the participant stops breathing or	is having a really difficult	time breathing
•	If the person suddenly has difficulty	walking, loss of balance,	or coordination

Common Heart Attac	k Warning	Signs:
--------------------	-----------	--------

1.	
2.	
3.	
4.	
5.	
Spot	a Stroke:
F	
Α	
S	
Т	
_	appropriate personnel and take action as needed as soon as possible or in a
timely	manner when needed. Make sure all necessary paperwork and
	is completed when there is a change in the individual's status.

Lesson 5: Supporting Good Personal Hygiene

Topic 1: Important To - Important For

A	is a set of action	ns done consis	tently in a sp	ecific order.
Everyone has a routine first wake up in the mosteps make up your m	orning and the step			•
Athe steps holds	is a set of actions meaning to the p	ns in a preferre erson.	ed sequence.	The order of
"perspective. These thir they are. These are the Examples of what mi	ngs that are "impo e things that make	rtant to" the pe the person	erson makes and	
•	B	• • • •		
Things that are " needed to stay safe, he and	ealthy, and well. Th			

Important To	Important For
When supporting a participant, find out w and are. Know can have a positive impact on the particip	ving the preferred rituals for the person
Keep in mind that creating positive rituals routines but also applies to how they like rituals how they prefer to eat, bathing etc.	to get ready for bed, their afternoon

Topic 2: Preventing and Controlling Infections

Key Terms An important role you have as the care provider is to control the and of infections. The following are key terms related to controlling infections. _: Bacteria, viruses, fungi, or other very tiny germs. Some microorganisms are harmless and some cause disease. _: Caused by a microorganism and may be in all or part of the body. : Caused by a microorganism that cannot be treated with antibiotics, including chicken pox, cold, flu, hepatitis, herpes and gastroenteritis. ____: Caused by bacteria, including tuberculosis, strep throat and impetigo. : Caused by fungi, including ringworm and thrush. : When a person gets the same infection again. : When a person passes an infection from one person to another.

4	-	and body fluids, incl gown if needed.	Prevents the spreaduding the use of gloves, a ma	_
4	leaving the ge	: Includes the rem	noval of germs that cause dis	ease but
4	infection as we	: Removes all the ell as those that do n	microorganisms that cause o	disease or
Break	king the Cha	in of Infection		
to	the	e of _	person to another, a recomm The six points n can be stopped include:	
•		: The	e pathogen (germ) that cause	s diseases
•		: Places in the enviro	nment where the pathogen	lives
•	reservoir	of:	The way the infectious agent	leaves the
•	passed on	of:	The way the infectious agent	can be
•	new host	of:	The way the infectious agent	can enter a
•		· An	v nerson	

Preventing Infections

Recommendations to prevent infections from occurring and spreading:

Wash your well and often	Stay healthy by eating foods
Keep clean items from dirty items	 Get an adequate amount of and relaxation
Clean any between procedures	 Regularly, wash hair, and brush teeth
Clean from the area to the dirtiest	 Wash all dishes and glasses thoroughly and when possible,
Maintain a clean environment	use a
 Dispose of properly (for example, you should use two bags if 	 Do not share care items such as toothbrushes and towels
disposing bandages)	 Wash fresh fruits and vegetables thoroughly
 Disposing napkins and any other soiled material. Wrap and promptly 	 Wash cutting boards and knives well after each use
discard soiled material in plastic bags and place in containers outside of the house.	 Do not cut and vegetables on the same cutting board
Sneeze and cough into disposable	 Use cutting boards only for cutting fruit and
Keep all	vegetable
current	

Keeping Surfaces Clean

maintained with the following methods: 1. the area with bleach or disinfectant. Mix one cup of bleach with one gallon of water. This mixture should be prepared each time it is used. It is effective for 24 hours. The process is most effective if the disinfectant can be left on the wiped area for 30 minutes before rinsing. 2. _____ infected clothing and other items for 15 minutes. 3. Wear . 4. _____ sanitary napkins and any other soiled material. Wrap and promptly discard soiled material in plastic bags and place them in containers outside of the home. 5. _____ should be washed in hot water and detergent. Washing Your Hands are the single most effective aid to preventing infection. How to wash your hands • Wet your hands with _____, running water (warm or cold), turn off the tap, and apply ______ • Lather your hands by rubbing them together with the soap. Lather the _____ of your hands, _____ your fingers, and under your _____. • Scrub your hands for at least _____ seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. _____ your hands well under clean, running water. your hands using a clean towel or air dry them.

The cleanliness of surfaces such as doorknobs and countertops should be

Performing signs
Preparing and eating
Providing any to the participant
You should wash your hands after :
Using the
 Changing tampons, pads, or incontinence briefs (ICPs)
Coughing, sneezing, or blowing your
Changing
Leaving places at risk of germs
Pushing a cart
Touching a person with an
Touching
Using a computer or phone
Removing

You should wash your hands **before**:

Lesson 6: Personal Care and Safety

Topic 1: Providing Personal Care

Some individuals have m	ore intense suppo	ort needs and req	uire assistance with
completing their	of	(ADLs) such as bathing,
dressing, and toileting.			
It is important to conside	er both what is imp	portant for and in	nportant to a person
when supporting them w	ith their personal	care needs. Addi	tionally, personal care
should be provided base	d on an	approa	ch which considers the
participant's	and	in self-care a	and personal hygiene.
People should be suppor	ted to increase th	eir	, maintain current
levels, c	r to develop new	·	
The following are strengt personal care: • The or most comfortal	(e.g., sitting or s		icipant is most stable in
• The positions in w	·	nt can use their a	rms and hands for
• The items the part	icipant can	(e.g., a larg	ge toothbrush)
• The ways the parti	cipant	their ne	eds and wants
The participant's _ modeling, etc.)		(e.g., writt	en, oral, visual,
 The participant's _ hygiene 	and ir	ndividual	in personal

Topic 2: Positioning

9
Certain positions are helpful in preventing conditions such as respiratory infections, complications due to osteoporosis, and choking and feeding problems. For participants with abnormal muscle tone, proper is extremely important for good health and safety. Additionally, certain positions can also make it easier for the participant to engage in functional activities. For example, some participants can use their hands more easily from a side lying position rather than from a sitting position. Certain positions encourage and support and social, which should be promoted.
Why is repositioning important?
Support the participant to use these positions and consider these precautions:
 Even when the participant is sitting or lying comfortably, they may adjust positions frequently because remaining in one position too long becomes
 For those who have difficulty moving, remaining in one position too long can cause breakdown leading to
 A person may prefer a certain body position. This should be respected whenever possible.
 Some positions are more and appropriate and should be used accordingly.
Before being left in any position, a person should always be given a or system for signaling when assistance is needed.

General Guidelines for Positioning

•	Change a person's position at least once every to hours. To			
	avoid, change positions more often if any areas of skin			
	remain for 20 minutes. These areas are likely to occur over			
	areas like the hips, knees, and elbows.			
•	When a new or different position is introduced, time			
	increments are necessary to ensure the person's comfort and the			
	appropriateness of the position.			
•	It is generally a good idea to position the participant so that both arms are in			
	the position and both legs are in the position. This			
	makes the body Be sure to ask the participant if this			
	position is best for them.			
•	Select positions that allow the participant to engage in desirable activities			
	such as watching TV, reading, or eating.			
•	Encourage positions that keep the head in the, instead of off			
	to one side.			
•	Make sure the body rests on a good of, rather than			
	on one arm or leg.			
•	Align the body from the out, beginning first with the trunk and			
	hips, then head, shoulders, arms, legs, and feet.			

Five Positions for a Participant

#1: Supine (Back Lying) Position

This position is good for sleeping and resting, but is generally avoided at other times. It is difficult to use one's hands and interact with others from this position. When used for a limited time, the back lying position may help maintain the trunk's alignment. The time spent in this position should be agreed on before leaving the person in this position, and a bell or call system should be provided if necessary.

Checklist for positioning the participant in the supine (back lying) position:

- Is the trunk _____?
- Is the _____ back supported?
- Is the head in the _____?
- Is there redness that lasts longer than _____ minutes?
- Are the knees _____?

- Are the knees slightly bent and supported?
- Are the shoulders and arms
 and
 comfortably positioned?

#2: Prone (Stomach Lying) Position

The prone (stomach lying) position can maintain the trunk's alignment and help a person with hip or knee flexion contractures. Make sure the person's head can turn to one side to remain in this position comfortably. This position should not be used after a person eats, except in very specific instances.

Checklist for positioning the participant in the prone (stomach lying) position:

- Is the trunk _____?
- Is the _____ to one side?
- Is there _____ that lasts longer than 20 minutes?
- Are the _____ out from under the body?

- Are the _____ supported on the surface?
- Are the _____ separated?
- Are the _____ protected and not pointed into the surface?

#3: Prone on Forearms Position

The prone on forearms position can help improve flexibility at the shoulders, elbows, hips, knees and spine. This position can also help improve upper trunk and head control, shoulder stability and muscle strength. While a person is in this position, use an activity such as watching TV to help pass the time.

Checklist for positioning the participant in the prone on forearms position:

- Is the trunk _____?
- Is there redness that lasts longer than _____ minutes?
- Are the _____ on the mat?
- Are the _____ supported on the surface?

- Are the _____ separated?
- Are the _____ protected and not pointed into the surface?
- Are the _____ over the edge of the wedge, if a wedge is used?

#4: Side Lying Position

Side lying is a good position to allow the body to relax because this position often helps decrease muscle tension. Side lying makes it easy to freely move the head and arms. If there is a problem with a curved spine (e.g., scoliosis), side lying helps align the trunk and stretch shortened muscles. Abnormal reflexes are frequently not as strong in the side lying position and activities such as dressing, changing an ICP and bathing may be easier to perform in this position. This position can be different for every person. Please note that some may not find this position relaxing, so be sure to communicate with the participant.

Checklist for positioning the participant in the side lying position:

- Is the _____ supported and aligned with the trunk?
- Is the _____ leg straight?
- Is the _____ leg bent and

- supported so that it is in line with the trunk?
- Is there _____ that lasts longer than 20 minutes?

#5: Sitting Position

In the sitting position, the hips should be positioned so that weight is distributed and balanced equally on both buttocks. Proper positioning in sitting allows the participant to use their arms and hands freely. Restraints to keep the participant upright should only be used with a physician's order.

Checklist for positioning the participant in the sitting position:

- Is the trunk _____?
- Is the _____ aligned with the trunk?
- Is there _____ that lasts longer than 20 minutes?
- Are the _____ firmly back in the chair?

- Are the hip _____ level with each other OR with one another?
- Are the ______ positioned so that they are flat on the surface?

Equipment for Positioning

Various pieces of equipment can be used to help position the participant such as armrests, wheel locks, wheel and hand rims, casters, seat and back upholstery, and footplates. The participant may need certain pieces of equipment for support to comfortably remain in the positions described above.

Topic 3: Safe Lifting and Transferring

Guidelines and Tips for Safe Lifting

1.	Stand to what you are about to lift and make sure you have					
2.	Keep your legs, with one foot forward when possible.					
3.	Bend your, keep your back and avoid bending at the waist.					
4.	Tense your and muscles just before you lift.					
5.	Use your muscles for the actual lift and straighten your legs slowly					
6.	. Always hold the person or object you are lifting to your body.					
7.	. " up the" before attempting to lift or move a person or object – this means looking at the person or object and figuring out if and how you can safely lift the person or object.					
8.	. Get when needed.					
9.	. Whenever possible, slide, roll, or push instead of lifting an object.					
10	10. Know where you are going and clear a path to your destination before you lift something.					
11	.Use smooth, movements and avoid jerky, sudden movements.					

Guidelines for Safe Transferring

1.	Prepare the (e.g., unobstructed, dry floor) and any				
	(e.g., bed, wheelchair or toilet) before you transfer the				
	participant.				
2.	Before you provide any assistance, review with the participant what you will be doing and what the participant will be doing including: what is to be done, how it will be done, where they will be moving to, and how they can help.				
3. Encourage the participant to as much as possible providing them with as much support as needed.					
4.	Give the greatest support at the of the body (e.g., trunk, shoulders or hips), rather than at the legs and arms and use a firm touch with good contact.				
5.	Do not wear or that may scratch or pinch the participant.				
6.	Move and				
Tran	sferring Techniques				
The th	nree common transfer techniques include:				
1.					
2.					
3.					

Topic 4: Safe Transporting Using a Wheelchair

You may be responsible for	or transporting the participant in a			
Good	of a wheelchair is important for the safety and comfort			
of the participant. General	knowledge of the parts of a wheelchair and how to			
efficiently use a wheelchai	r are equally important.			
Guidelines to Assist th	ne Participant Using a Wheelchair			
	3			
Make sure the particular	cipant is sitting as far as possible in the chair and			
that the seat i	is securely fastened around the participant's bones.			
Make sure all position	oning equipment is			
Before you provide	any physical assistance, review with the participant what			
you will be doing and what the participant will be doing.				
Push	. Do not start and do not stop			
	walking rate is the recommended speed			
	he participant in a wheelchair.			
Always look to use	areas. Avoid and in the			
	ed surfaces at driveways. Sudden jolts and the sensation			
	e and possibly cause the participant pain.			

Troublesome Areas for Wheelchairs and Recommendations

#1: Up Curbs
Fortunately, most cities have installed (i.e., curb ramps) at the corners of sidewalks. Look for them before you go over a curb.
If you must go up a curb, tell the person what you will do before you do it and follow these steps:
• the wheelchair backwards so the front wheels are off the ground.
Slowly push forward so the wheels are on the curb.
Push until the wheels touch the curb.
Push and lift the wheels onto the curb.
#2: Down Curbs
Look for curb before you go down over a curb.
If you must go down a curb because you cannot find a nearby curb ramp, tell the person what you will do before you do it and follow these steps:
Turn the wheelchair so the is to the curb.
 Slowly pull the chair toward you and lower the curb so that the chair tilts backwards.
Pull and slowly lower the wheels.
#3: Stairs and Steps
Look for an available because you will need two strong people to carry a wheelchair up stairs or steps. Many buildings have ramps or lifts for wheelchairs, and some businesses and homes with a single step at the entrance
provide a mobility ramp. You can also ask the building staff for available equipment and assistance if needed.

#4: Slopes, R	amps, and Hills	
The	with	Act (ADA) of 1990 defined and regulated
	" as havir	ng a rise or drop of approximately inches
vertically for e	every feet of h	norizontal movement to ensure a safe and gradual
slope.		
that a wheelch	hair with an adult	ave to go up or down a steeper slope. Remember can be very heavy and if you have any doubt that ope, take a detour or ask for help.
#5: Uneven G	round	
obstacles. Sor		Anticipate holes, sticks, rocks and other or gravel, pulling the wheelchair backward is safer

Topic 5: Specialized Equipment

You may be responsible for caring from son	·
and supplies specific to the participant's sup	
help the participant with or into	
and	Each participant's support
level may be unique but here is some gener specialized equipment you may see.	al basic information regarding some
General Guidelines and Safety Tips	for Lifts
Keep in mind, there are many different	of lifts. To be sure
you are using the lift appropriately, read the	e manufacturer's instruction and manua
to ensure proper operation for the participa	ant's specific lift.
General guidelines to safely transfer a pa	articipant with a lift:
 Check your and ensure that the path is 	 Keep the participant facing the person working the lift.
clear and dry, with an even surface.	 Check that the equipment is in good working condition and
Before doing any, explain to the	does not have defects prior to lifting the participant.
participant what is going to happen before lifting.	• Do not push or pull the boom.
 Check the maximum weight of the lift and do not go above the limit. 	 Before making the transfer, check to ensure the wheelchair or bed has the brake locks
 If transferring to a wheelchair, 	Do not use lift if the participant
put on the and remove the foot rests.	is restless, combative, or agitated.
Always keep the weight of the participant	 Never leave the participant in the lift.
over the bace to keep lift stable	

Walkers A ______ is a special equipment that supports a person to ambulate (i.e. walk). A walker may be used when the participant is still able to walk but may need some additional support to maintain their ______ and _____. Walkers come with legs on the bottom. A walker may have no wheels. Other walkers may come with two wheels on the front two legs and rubber tips or glides in the back, or wheels on all four legs. Walkers with wheels on all four legs are used when the person does not have to lean on the walker. Some walkers may have a seat that can be used as a chair. On the top of the walker, there will be _____ with hand grips on the sides. When walking, the participant will walk in the ______ of the handles with their hands placed on the hand grips. Before using the walker, adjust to the proper ______ for the participant. Move the hand grips until they are lined up with the participant's wrist. The elbows should be in a comfortable, slightly bent position when they hold the grips. General Guidelines and Safety Tips for Walkers Keep in mind, there are many different manufacturers of walkers. Listed below are some general guidelines to safely transfer the participant with a walker: • Check the walker for any before use. If there are defects, do not use a walker until it is fixed. Adjust the walker for the participant's ______. Check your surroundings to ensure the path is clear and dry with an even surface. • Ensure an position when using the walker, leaning too forward may cause the participant to lose balance or hurt their back. • Ensure the walker is used in ______ of the person and walking forward.

Do not use the walker backwards or with the walker behind the person.

• Encourage the participant to use a _____ that is comfortable for them

too fast may cause the person to lose balance and fall.

and to take their time. Use _____ steps during use. Rushing and going

Module 3: Fatal Five (Preventable Causes of Death)

Lesson 7: Fatal Five

The "" are the top five preventable causes of death for individuals with intellectual/developmental disabilities.				
4	: occurs when oral or stomach contents enter a person's airway and are taken into the lungs instead of the stomach.			
4	: occurs when the body does not have enough fluid.			
4	: is the hardness of a bowel movement, difficulty passing stool, infrequency of passing a stool, or no bowel movement within 72 hours.			
4	: are sudden, excessive and disorderly electrical discharges in an apparently healthy brain.			
4	: is the backing up of stomach contents into the esophagus.			

Topic 1: Aspiration

: occurs when liquids, foods, or stomach contents enter the airway and go into the lungs instead of the stomach.						
What is it?						
Aspiration is a problem because a person could potentially on the foreign materials that accidentally goes into the Sometimes, aspiration could even cause an of the lungs.						
Aspiration can happen when:						
Something is inhaled into the or						
Something is going down or is on the way up from the stomach ()						
A person is, taking, or brushing						
• The person is,, or during a						
Aspiration and Dysphagia						
: is when a person has difficulties and problems with swallowing.						

Dysphagia is related to aspiration because if a person has a difficult time swallowing, this may increase the risk for aspiration.

the possible signs of dysphagia include:	
Inability to handle secretions	Weight loss without trying
()	• Difficulty certain
• Increased	foods, liquids, or medications
 Decreased cough productivity 	Choking on food or
Changes in signs	when eating
(temperature, respiration,	 Food going down the wrong
pulse, blood pressure)	
 Weak, gurgly, or moist 	History of respiratory infections
after eating	or
Less interest or desire to eat (poor) Did 5	
Risk Factors for Dysphagia and Aspiration	
Muscle	Altered status
•	(anticonvulsants,
 Scoliosis 	benzodiazepines, analgesics, psychotropics)
•	Lack of ability to communicate
• Severe	Poor oral care
Genetic conditions	and
Lung Disease	 Improper during and after meal
• Disease	daring and after friedr
• side effects	

Additional Risk Factors for Aspiration

- Being less _____ due to medicines, illness, or other reasons
- •
- Drinking large amounts of
- Receiving _____ to put

- you into a deep sleep for surgery (general anesthesia)
- _____ age
- Poor _____ reflex in people who are not alert after a stroke or brain injury

Screening Tool for Aspiration

If the participant may be at risk for aspiration, use the screening tool. If the answer to any of the questions is "YES" or you recognize the signs and risk factors of aspiration, contact a healthcare provider for further evaluation.

Yes / No	Does the individual ever choke or cough when eating solid foods or swallowing liquids?
Yes / No	Does the individual enjoy eating less than they used to?
Yes / No	Has the individual lost weight?
Yes / No	Does the individual drool or have difficulty managing secretions?
Yes / No	Does the individual have difficulty swallowing certain foods?
Yes / No	Does the individual ever act like they have food stuck in their throat?
Yes / No	Does the individual ever complain about food going down the wrong pipe?
Yes / No	Does the individual's voice sound weak, wet, or "gurgly" after they eat?
Yes / No	Does the individual have a history of repeated respiratory illness or pneumonia?
Yes / No	Does the individual ever have trouble swallowing medications?

What to Do

If you feel that the participant is at risk for aspiration, but there are no protocols currently in place, inform and discuss with the healthcare provider what the appropriate care may be for the participant. If there are doctor's orders and protocols in place, follow the orders and protocols accordingly.

•	If any risk factors or signs participant for		_			rved, refer the
•	Follow food(e.g. pureed	, soft) as	ordered b	y healt	hcare provider
•	Maintain an		position	when eat	ing mea	als
•	Avoid laying down for at	least	hours af	ter meals	5	
•	If a participant needs supwide when ea	ating, avoid	eating w	hen	;	(2) Feed
	aregiver must also notify t lated and supports are in					
Activ	e Aspiration					
If you	notice that the person is a	actively asp	irating an	d choking	3:	
•	Ensure that the participathe feeding	•		or		, and/or stop
•	Keep the participant	an	d encour	age cougl	hing, ar	nd
•	Notify the healthcare					
Call 9	Il if the person:					
•	Is and not breat	thing or has	difficulty	breathin	g	
•	Appears gravely and	d their imm	ediate he	alth is at	risk	

Topic 2: Dehydration

: occurs when the body does not have enough fluids. This can occur when the fluids going out of the body is more than the fluids going in.		
Fluids Going In ()	Fluids Going Out ()	
When can dehydration happen?		
Dehydration can occur in a matter of circumstances.	or depending on the	
What are the impacts?		
Dehydration can adversely affect an indivi	•	
	uction, medication,	
	and Also check	
with the doctor before giving additional fludisease.	ulds if the individual has heart or kidney	

Symptoms of Dehydration

• Exposure to really hot

Be aware of the symptoms of dehydration. Sy	ymptoms of dehydration include:
• Extreme	,, or
Dry sticky	lethargy
Lightheaded, tiredness, or	 Dry skin, poor skin elasticity, dry cracked, dry tongue with cracking
 Decreased with a dark color and concentrated smell 	Heart rate than normal without exertion
 No urination for one or more hour periods per day 	Blood pressure than normal
Change in the level of	Problems with obstruction
functioning, personality, or	
What to Do	
If a participant is dehydrated, lost fluids and water or a liquid with electrolytes such as a sidehydrated, the individual may require emer	ports drink. If a participant is severely
Risk Factors	
The following are some of the risk factors of	dehydration:
 People that rely on or need supports to or drink 	temperatures that causes excessive
 Someone that has diarrhea, vomiting, or a high fever 	People that may have fluid
 Older adults and young children 	People with chronic disease or

illness

Prevention

Drinking fluids every day help	s to	dehydratior	i. For people t	that are in
good health, drinking fluids w	ith each meal ar	nd when thirst	y is enough to	keep a
person hydrated. Generally sp	peaking, a goal c	of drinking	liters for	women
(ages 19 and older) and	liters for mer	n (ages 19 and	older) of wate	r daily is
adequate.				
Provide extra fluids if	or	has occ	curred,	is
present, the weather is	and, the per	son is	<u>.</u>	
is a great choice	e for fluids beca	use it has	calo	ries and
no sugar. Other types of drink	ks can count tow	vards fluid inta	ke as well, sud	ch as
juices, lemonades, and sports	drinks. Be sure	to read the fo	od labels of di	rinks and
choose drinks that are low in	ar	nd	Drinks are	not the
only way to incorporate fluids	. There are som	e foods that h	ave a high wat	ter
content. Some examples of th	nose foods inclu	de lettuce, wat	ermelon, brod	coli,
grapefruit, carrots, and apples	s .			

For participants that may have difficulties communicating when they are thirsty, or for those that require physical support to drink or eat, be especially mindful of the fluid intake. Remember to offer fluids with each meal and throughout the day. Be on the lookout for signs of dehydration because it may be a sign that the person is not receiving enough fluids.

Topic 3: Seizures

: a sudden, excessive and disorderly electrical discharge in an apparently healthy brain. It may be caused by conditions such as medications, electrolyte imbalance or fever.	
: a condition with sudden, recurrent, unprovoked seizures that occur in the brain that has an injury. It is also known as a seizure disorder.	
When seizure activity does not stop:	
When seizure activity does not stop, it can lead to the following life threatening outcomes:	
• Lack of	
Falls resulting in or damage	
which may also result in pneumonia	
• High	
• arrest	

Even if the individual survives, there may be significant injury. Brain or lung damage is possible.

What to Do

If you see someone having a seizure, remain	calm and do the following:
 Roll the person on the side to prevent the person's head and remove any dangerous objects the person might hit 	 Do not put anything into the person's and remember that a person cannot swallow their own tongue during a seizure
 Loosen any tight clothing around the neck 	 Note how long the seizure lasts and how it progresses so you can tell others if needed
 Keep the clear Do not restrict the person from, unless they are in danger 	with the person until the seizure ends
Call 911 if:	
A seizure lasts for more than states otherwise	minutes, unless the seizure protocol
or more seizures occur witho between seizures	ut full recovery of consciousness
Breathing does not resume after a seiz	zure - proceed with breathing
It is the seizure for an individu	ual
The person may have taken ir	nto the lungs
Remember: You need to be familiar with and in the participant's seizure	

Topic 4: Bowel Obstruction

: includes the hardness of a bowel movement, difficulty passing stool or infrequency of passing a stool or no bowel movement within 72 hours.
Every person has their own normal bowel movement What is for you might not be typical for the participant.
Symptoms and Risk Factors
A person may be at if they have had trouble with moving the bowels, complained of during a bowel movement, or had a bowel movement that was and
An individual is considered to have a bowel obstruction problem when the person:
 Spends a lot of to produce a bowel movement with a lot of pushing and is either not producing or is only producing small hard
Routinely takes bowel
Requires a or enema for bowel obstruction.
You need to have an understanding of the participant's normal,, and toilet and observe variations from what is normal for the participant. If the participant has mobility issues (e.g., uses a
wheelchair or remains in hed) they may be at risk for howel obstruction

What to Do

You need to be watchful if:

It is always better to be cautious. Bowel obstruction can progress into an emergency situation and can be life threatening.

A routine bowel medication is
 A medication is started, especially those with bowel obstruction as a common side effect.
 Pain medications are started, such as after surgery, even if the person has no of bowel obstruction.
 New medications for bowel obstruction are (and can cause loose stools).
alone does not mean that a support intervention or additional protocol addressing bowel obstruction is not needed. Fiber given to a patient that is already significantly constipated often does not relieve the bowel obstruction.
Vhen to call 911:
Call 911 if or when the participant:
Is material that smells like bowel movement
Has a very hard, protruding
Has severe abdominal
• Exhibits decreased or loss of

Topic 5: GERD

_		
4	condition that occurs when stomach esophagus. GERD can sometimes can heartburn.	: is a chronic n contents flow back up into the luse a burning feeling in the chest and
Signs	s and Symptoms:	
•	, burning in chest, chest pain	• one to three hours after meals
•	Refusing	 Chronic coughing
•	Pain and difficulty	•, asthma, hoarse voice
•	Decay in in the morning	 Self-injurious behavior, screaming and/or aggression
Risk F	Factors	
•	Being and obese	antihistamines, or antidepressants
•	A diet high in	Cerebral palsy
•	People taking certain kinds of such as calcium channel blockers,	• of the spine

What to Do

Observe the participant for signs and symptoms of GERD. If not treated, GERD can potentially cause severe health problems. If someone has heartburn for two weeks or more, a healthcare provider should be consulted.

Prevention

•	Position when upright, at least to degrees, during meals
•	Remain upright at least to hours after eating
•	Elevate head of bed
•	Keep a
•	Avoid, foods, and
•	Eat slow and avoid
•	Ensure that medication is taken as

Module 4: Documentation and Record Keeping

Lesson 8: Required Documentation

Caregivers are responsible for maintaining updated regarding
the participant's Maintaining accurate and current documentation is
key because it ensures that important information regarding a person's health is
communicated to the participant's of
Caregivers are responsible for updating and maintaining the following information
• and of the participant
 Name of primary care, including the physician's address
and telephone number
Emergency contact information for the participant
Adult Foster Home and dates
• and Chart at least monthly or more frequently if the
healthcare provider advises
Monthly Drill Report
Documentation of administration of medications of the
Caregivers are responsible for keeping copies of any medical records. Updated
copies of documents from medical appointments help to ensure that important
information regarding the participant's health status, medications, and treatments
is communicated in a timely manner. This includes: (1) Physician signed orders for
all medications and treatments, including supplements and diet; and (2) Medical
In addition to keeping records listed above, the caregiver will be responsible to
write about observations in the It is required
to update the notes with observations of the participant at least a
month but more often as appropriate.

Participant's to medication and treatments
Use of any restraints or intervention
Participant's diet and plan of care
Any changes in the participant's
• Indications of or
Components of Good Documentation
Your written observations are crucial because it provides important information regarding the participant's health information.
: provides relevant information about the participant and the occurrences of the day. It tells the story of what happened. The information included in this section can be either subjective and/or objective information.
information refers to a participant's personal experience. This could include any: • •
In short, subjective data is what the participant or someone in the circle of support with you. If you are writing verbatim a person's response, put quotes on the exact verbiage (e.g. "I'm tired").
Examples:
 Damon told me that he feels Bob told me, "My head hurts." great and happy today.
Susan stated she was shivering

Written observations to be included are:

• Jane said, "I'm feeling tired."

and felt cold.

information is your observation of the participant. These are
the factual observations that you make. Objective data is what you (as the
caregiver) observe, such as what you are able to,, and
Objective data also includes the results of laboratory results (e.g. complete blood count test) or measurable observations (e.g. body temperature).
Examples:
 Kai's temperature was 99.1°F at 8am and his skin felt warm to touch. Steve broke out with a red rash on his left cheek at about 4:30pm.
 The doctor said Molly's A1c level was normal at 5%.
: describing what you think is going on in the situation.
This is not referring to a medical assessment completed by a healthcare professional. A medical assessment with a diagnosis completed by a doctor, nurse, or any other licensed healthcare professional, is a task that cannot be delegated to another unlicensed person. Your assessment should be related to your observed subjective and objective data in that particular entry.
Example:
Damon said he felt happy and energetic this morning (data).
He had his annual physical examination with his primary care doctor, Dr. O today. At the appointment, Dr. O stated all his vital signs and blood test results were normal (data).
Damon was in good spirits today and the appointment went well, with no complications ().

: what your plan of action or response is based on your data and assessment.
The plan should relate to the data and assessment for that particular entry. Your plan should include the relevant steps you have completed and include any required follow-up actions. If there were any ordered changes to a participant's treatment or medications, be sure to follow the order and document this in the plan accordingly.
Example
Damon said he felt happy and energetic this morning (data).
He had his annual physical examination with his primary care doctor, Dr. O today. At the appointment, Dr. O stated all his vital signs and blood test results were normal (data).
Damon was in good spirits today and his normal happy-go-lucky guy. The appointment went well with no concerns expressed by the doctor (
Dr. O stated there are no changes to his current Metformin medication and to call

Dr. O stated there are no changes to his current Metformin medication and to call him if Damon starts to experience any side effects, such as nausea, diarrhea, or weakness. I went to Longs to pick up the Metformin refill after the appointment. The hardcopy of the renewed medication order and laboratory results were filed in the chart. I will continue to observe for any of the mentioned side effects to the medications and call Dr. O if needed (______).

Tying it All Together		
A well written observation is	and	If anyone reads
your entry, they will have a clea	r understanding of what	occurred for the day and if
there is any follow-up needed.	The DAP note should be	cohesive in that the data,
assessment, and plan portions	of your DAP note will	to each other. It
does not have to be long but it s	should be informative ar	nd make sense.
Additional tips for your written	observation include:	
Writing with a	pen that is no	t erasable
Ensure your	is clear and legi	ble
Use clear and concise		
If a mistake is made, do r	not white it out. Instead,	out the

documentation mistake, write "error," and initial.

Lesson 9: Nurse delegation: What is it?

Some participants may need supports that requalsks.	ire completing				
Examples of nursing tasks:					
•					
•					
•					
When a participant's support includes a nursing needed before the caregiver performs the nurs		is			
Nurse delegation occurs when a	nurse (RN)	_ a			
caregiver without a nursing license to complete	_				
plan for each nursing task. Add specific to each caregiver.	litionally, a nurse delegation p	olan is			
·					
If a participant requires medication administrat should be a nurse delegation plan for	_	re			
individual caregiver. For example, bot		rute			
caregiver will have two nurse delegation plans f					
and	the other for the				
Caregiver #1:					
Nurse Delegation Plan needed for medical	ation administration				
Nurse Delegation Plan needed for G-tube feeding					

- Caregiver #2:
 - Nurse Delegation Plan needed for medication administration
 - Nurse Delegation Plan needed for G-tube feeding

During the nurse delegation process, the RN will educate and train the caregiver how to safely complete the nursing task.

The nurse delegation plan will include:

• lucitiny	ing the nursing task to be o	delegated	
Listing t	heneede	ed	
• Descript	tion of each to c	omplete the task	
• Review	of the expected	of the task	
• Review	of the possible	to the task	
number		_ plan that includes: (1) who d (2) when to initiate Emerge	
•	the task and	observations noted	
Each nursing t	•	an which will be signed both	by the
delegating RN kept in the car		ting the task. The signed pla	•

Module 5: Summary

Lesson 10: Summary

In this course, we discussed what it takes to support a participant to stay healthy and safe. You learned what good health looks like (e.g. normal vital signs) but also that your everyday supports for a person's daily hygiene activities plays a vital role in keeping the participant healthy. There are common causes of preventable deaths for people living with IDD and how to look out for those Fatal Five causes. Finally, proper documentation helps to ensure that we can maintain an updated record of a person's medical history and treatment. As we learned in previous courses, it is not just about looking at the "important for" components of health. We also need to consider things that are important to the person such as their daily routines and rituals.



Main Takeaway: The balance of important for and the important to activities helps to support a participant to be both happy and safe.